BASIC EXAMII SEARC FEE FO	FEE INATION FEE CH FEE OR EXTRA SE CHARGEAB ENDENT CLA	TAGE FEES PEC. PGS. LE CLAIMS AIMS DENT CLAIM PRE	5 min	1) =\$ 150 icle 33(1)- \$ 100 50 /\$ 100 idries = 00 \$ 100 =	LARG All out \$ All out	E ENT. = \$ 300 The situations = 100 / \$ 200 The situations = 250 / \$ 500 1 50 =	SMALL ENT TYPE RATE BASIC FEE EXAM. FEE SEARCH FEE X \$ 125 =	FEE	OR OR	OTHER SMALL E RATE BASIC FEE EXAM FEE SEARCH FEE X \$ 250 =	
BASIC EXAMII SEARC	FEE INATION FEE CH FEE OR EXTRA SI CHARGEAB ENDENT CLA	PEC. PGS. LE CLAIMS AIMS DENT CLAIM PRE	Satisfies PCT Art (4) = \$50/ U.S. is ISA = \$1 ALL other cour \$ 200 / \$4 minu 5 min / mi	s 100 = 100	All oth	ner situations = 100 / \$ 200 ner situations = 250 / \$ 500	BASIC FEE EXAM. FEE SEARCH FEE	FEE	OR	BASIC FEE EXAM. FEE SEARCH FEE	30) 40)
SEARCE FEE FC	CHARGEAB ENDENT CLA	PEC. PGS. LE CLAIMS AIMS DENT CLAIM PRE	Satisfies PCT Art (4) = \$50/ U.S. is ISA = \$1 ALL other cour \$ 200 / \$4 minu 5 min / mi	s 100 = 100	All oth	ner situations = 100 / \$ 200 ner situations = 250 / \$ 500	EXAM. FEE SEARCH FEE	· ·	OR	EXAM, FEE	30) 400 400
SEARC	CH FEE OR EXTRA SI CHARGEAB ENDENT CLA PLE DEPEND	PEC. PGS. LE CLAIMS AIMS DENT CLAIM PRE	(4) = \$50/ U.S. is ISA = \$1 ALL other cour \$ 200 / \$4 minu 5 min	\$ 100 50 / \$ 100 ktries = 00 s 100 = us 20 =	All off	100 / \$ 200 ner situations = 250 / \$ 500	SEARCH FEE			SEARCH FEE	A00 400
FEE FO	OR EXTRA SE CHARGEAB ENDENT CLA PLE DEPEND	LE CLAIMS NIMS DENT CLAIM PRE	U.S. is ISA = \$3 ALL other cour \$ 200 / \$4 minu 5 min	50 / \$ 100 ktries = 00 s 100 = us 20 =	\$	250 / \$ 500	,	ą:	l:		400
TOTAL	. CHARGEAB ENDENT CLA PLE DEPEND	LE CLAIMS NIMS DENT CLAIM PRE	5 min	us 20 =	*	/ 50 =	X \$ 125 =	,		X \$ 250 =	
	ENDENT CLA	AIMS DENT CLAIM PRE	/ mi		•						
	PLE DEPEND	ENT CLAIM PRE	L	nus 3 =			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			SENT	/ minus 3 =			X \$ 100 =		OR	X \$ 200 =	
MULTIF	e difference	in column 1 in 1	.06141				+ \$ 180 =		OR	+ \$ 360 =	
* If the		TOTAL		OR	TOTAL	900					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS AS AMENDED - PART II							SMALL E	NTITY ADDI-	OR	OTHER SMALL E	
۲ ۲		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	otal	•	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
WEN IN	dependent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT			NDENT	CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
							FEE	L	OR	FEE	<u> </u>
!		(Column 1)		(Colur	mn 2)	(Column 3)					
a		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	otal	*	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
	dependent	.	Minus	***	**********	=	X \$ 100 =		OR	X \$ 200 =	
		ENTATION OF M	IULTIPLE DEPE	NDENT	CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 02/2005)

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